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Altered Sexuality and Quality of Life in Female Hematopoietic Cell Transplant Recipients in The First Year Following Transplantation*D.Kathryn Tierney. Stanford University Medical Center, Stanford, California***Topic Significance & Study Purpose/Background/****Rationale:** Alterations in sexuality following hematopoietic cell transplantation (HCT) are common and can negatively impact quality of life (QOL). The etiology of these changes is the result of cumulative physiological and psychosocial insults beginning with the cancer diagnosis.**Methods, Intervention, & Analysis:** Women were surveyed at four time points, pre-transplant (T1), 2–3 (T2), 6 (T3) and 12 (T4) months post-HCT. Instruments included 1) Menopause-Specific Quality of Life Questionnaire, 2) Female Sexual Function Index and 3) a visual analog scale to measure QOL. Demographics of the sixty-three participants are shown in table one. Statistical analyses included t-tests, one-way repeated measures ANOVA and multiple regression.**Findings & Interpretation:** At T4, 51% experienced hot flashes, 59% decreased sexual desire, 46.9% vaginal dryness and 49.2% were avoiding intimacy. At T4, 44.9% reported decreased arousal, 36.7% decreased lubrication, 44.9% difficulty experiencing orgasm, 22.4% dyspareunia and 63.3% reported being dissatisfied with the sexual partner at least half of the time or more. At T4, only 69% of the women had been sexually active in the past month. There was no significant change in mean scores for sexual functioning, sexual satisfaction and vasomotor symptoms from T1 to T4; indicating no improvement in symptoms. A significant decline in mean scores for physical ($p = .011$) and psychosocial ($p = .019$) symptoms was observed over the first year indicating a decrease in symptoms. Mean QOL scores significantly increased ($p = .028$) in the first year, indicating an improvement in QOL. Multiple linear regression analysis indicates that 49.2% (adjusted $R^2 = .492$, $p = .000$) of variance in QOL scores at T4 is explained by psychosocial and physical symptoms, sexual satisfaction, QOL score at T1 and education level. Psychosocial symptoms uniquely explains 21.8% ($p = .000$), sexual satisfaction 4.58% ($p = .023$) and education level 5.86% ($p = .01$) of variance in T4 QOL scores.**Discussion & Implications:** Nurses can provide anticipatory guidance on potential changes in sexuality to facilitate adaptation by reducing the discordance between expectations and new realities. Based on these findings, treatment strategies targeted at decreasing hot flashes, vaginal dryness and psychosocial symptoms may result in improved QOL.

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Practices and Experiences of Nurses Working on a Pediatric Bone Marrow Transplant Unit*Caroline Morrison¹, Edith Morris², ¹Cincinnati Children's, Cincinnati, Ohio; ²Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio***Topic Significance & Study Purpose/Background/****Rationale:** Bone marrow transplant (BMT) is an intensive and complex culture. The BMT environment is associated with multiple stressors for employees that often result in turnover, burnout, compassion fatigue, anxiety and emotional exhaustion. Leininger's Culture Care Diversity and Universality theory guided this research and has been used to study organizational culture. The purpose of this study was to

explore the experiences, care meanings, and practices of nurses working on a pediatric BMT unit. The goal is to provide meaningful ways to care for nurses working with children receiving a bone marrow transplant.

Methods, Intervention, & Analysis: This Ethnonursing study utilized focus groups as a data collection technique to foster discussion and richness. Data were collected until saturation was met. Registered nurses recruited from the unit were grouped as experienced (greater than 2 years experience, $n=11$) or less experienced (less than 2 years experience, $n=13$). Field notes were used to capture context and observations from group sessions and the care environment. Focus group discussions were recorded, transcribed, and coded. Code words were identified from the data with assistance of NVivo qualitative data analysis software. Patterns and finally themes emerged from the data that explained nursing culture on the BMT unit.**Findings & Interpretation:** There were four themes of culture care for BMT nurses: 1. experiencing stressful situations, 2. growing and developing personally and professionally, 3. providing trustworthy and respectful care, 4. acquiring meaningful coping skills. Many stressors identified by staff align with the literature such as interprofessional communication, moral/ethical conflict, patient death, and workload. The majority of coping skills were personal in nature. Although not generalizable, results may be transferable to similar populations and environments.**Discussion & Implications:** Interventions to promote healthy, and restructure unhealthy, stress management techniques and coping skills should be designed and tested in this population. Interventions aimed at interprofessional communication and professional development may also be aid in promoting care.

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A Pilot Study to Examine Sleep in Pediatric Brain Tumor Patients Hospitalized for High Dose Chemotherapy and Stem Cell Rescue*Michelle Rickard, Susan Clifton, Troy Wallach, Belinda Mandress, Margie Kjellin. St. Jude Children's Research Hospital, Memphis, Tennessee***Topic Significance & Study Purpose/Background/****Rationale:** During a 5 day hospitalization of high dose chemotherapy and stem cell rescue, is sleep quality and quantity more positive for brain tumor patients ages 4–21 years randomized to a sleep environment intervention compared to patients randomized to standard of care.**Methods, Intervention, & Analysis:** Sleep was assessed with actigraph and sleep diary. Those randomized to the intervention arm received “protected sleep time” which consisted of a minimum of 90 minutes of uninterrupted sleep, patient room was darkened and hall light “blackened out” and patients were offered sleep hygiene with white noise, massage, or bedtime story.**Findings & Interpretation:** Eighteen patients were randomized to standard of care and 19 to the interventional arm. No differences were found in brain tumor site, risk, presence of VP shunt, gender or age between the groups. Both the interventional and standard of care had disrupted sleep as measured by actigraph; however, a statistical difference in total sleep minutes and wake after sleep onset was found between brain tumor risk groups. Patients treated as high risk had poorer sleep quality and quantity.**Discussion & Implications:** Patients and parents were receptive to a sleep intervention during hospitalization, and those on the intervention arm requested sleep hygiene